

FILER	New Member of or Candidate for State: M  U.S. House of Representatives District:  Candidates – Date of Election:	2	Check if Amendment	MC (Office Use Only)	nly)
STATUS	New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ssed against any n 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	<u>CH</u> OF THESE QUEST	IONS		
A. Did you, you a. Own any end of the b. Receive r asset dur	<ul> <li>A. Did you, your spouse, or your dependent child:         <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul> </li> </ul>	Yes X No	E. Did you hold any reportable positions during period or in the current calendar year up through	positions during the reporting ryear up through the date of filing? Yes $X$ No	No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes X No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes X	X No
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes ryears?	No X
	ATTACH THE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS	HEDULE IF YOU ANSWER "YES"	8,	
	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ	NLY THE SCHEDULES		UIRED TO COMPLETE	

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Angela D. Craig

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q 누모유 For rental and other real property held invostment, provide a complete address description, e.g., "rental property," and a city state. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyor (JT), in the optional column on the far left. If you report a privately-traded fund Excepted investment Fund, please che For an ownership interest in a privately-hek business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. (do not use only ticker symbols). identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period. nomes and vecation homes (unless there was renta income during the reporting period); and any financial interest h, or income derived from, a fecters etirement program, including the Thrift Savings Exclude: Your personal residence, including secon and (b) any other reportable assincome which generated more Provide complete names of stocks and mutual fund uneamed" income during the year. a detailed Assets and/or Income Sources a detailed discussion of Schedule / rements, please refer to the instruction booklet Investment Company of America [SEP] Fundamental investors (IRA) investment Company of America Examples AMERICAN FUNDS IRA Simon & Schuster ABC Hedge Fund Aega Corp Stock **BLOCK A** fund that i 1 13. 84 1 13. 84 × 쁚 × Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." \*Column M is for assets held by your spouse or depende child in which you have no interest. None \$1-\$1,000 • \$1,001-\$15,000 റ × \$15,001-\$50,000 9 Value of Asset \$50,001-\$100,000 м × \$100,001-\$250,000 'n BLOCK B × \$250,001-\$500,000 G ± \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 \_ Over \$50,000,000 Spouse/DC Asset over \$1,000,003\* K sselgenerate tax-deterned income (such as 401(k)), asselgenerate tax-deterned income (such as 401(k)), before of column. Dividentes, interest, and cleaning the capital gains, even if reinvested, must be und disclosed as income for assets held in taxable accounts. Check "None" if the asset Check all columns that apply. For accounts the NONE. × DIVIDENDS RENT 3 Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST × × × TAX-DEFERRED ₹ Partnership Royallies nipode Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividence, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest. None \$1-\$200 × = = \$201-\$1,000 ₹ \$1,001-\$2,500 **Current Year** ٧ \$2,501-\$5,000 ≤ × \$5,001-\$15,000 <u>≨</u> \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000 × None = \$1-\$200 × ≡ \$201-\$1,000 \$1,001-\$2,500 ₹ Preceding < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ × \$15,001-\$50,000 Year ≨ \$50,001-\$100,000 z \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000\*

Use additional sheets if more space is required.

Name: Angela D. Craig

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<sup>\*1 -</sup> See Note 1 on Page 10

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Angela D. Craig

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#### SCHEDULE C - EARNED INCOME

Name:
Angela D. Craig
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

				Hamline University		nc.)*3	Civil War Roundtable (Cct. 2) Onterio County Board of Education			Source (include date of receipt for honoraria)	
				Spouse Salary	Spouse Salary	Income*4	Spouse Speech Spouse Salary	Salary	Honoranium	Туре	
				N/A	N/A	N/A	N/A	\$20,000	\$n	Am Current Year to Filing	
				N/A	N/A	\$152,826.87	N/A	\$76,000	\$500	Amount  Preceding Year	

Use additional sheets if more space is required.

<sup>\*3 -</sup> See Note 3 on Page 10

<sup>\*4 -</sup> See Note 4 on Page 10

#### SCHEDULE D - LIABILITIES

Name: Angela D. Craig Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

						SP.		
		<del></del> -			Example	7		
N/A	N/A	N/A	N/A	N/A	First Bank of Wilmington, DE	Creditor		
					5/16	Date Liability Incurred MO/YR		
					Mortgage on Rental Property, Dover, DE	Type of Liability		
	·				***	\$10,001- \$15,000	>	
						\$15,001- \$50,000	8	
						\$50,001- \$100,000	Ω	
					×	\$100,001- \$250,000	0	<b>\</b>
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		,		·		\$1,000,001- \$5,000,000	6	Amount of Liability
						\$5,000,001- \$25,000,000	ı.	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	د	
						Over \$1,000,000* (Spouse/DC Liability)	*	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Position	Position Name of Organization
Board Member*5	Inver Hills Community College Foundation
Member	Rotary Club of Eagan
Advisor*6	Structural, Inc.

<sup>\*5 -</sup> See Note 5 on Page 10

<sup>\*6 -</sup> See Note 6 on Page 10

#### SCHEDULE F - AGREEMENTS

Name: Angela D. Craig	 	Angela D. Craig Page 9	Angela D. Craig Page 9	Angela D. Craig		
		Page 9	Page 9	Page 9	Name:	
	Page_	age 9	age 9	age 9	Angela D. Craig	
7	Page_	age 9	age 9	age 9		
	age_	age 9	age 9	age 9	-	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date Parties to Agreement <sup>7</sup> Terms of Agreement	
	Terms of Agreement
Dec. 2007 Angela Craig and St. Jude Medical, Inc.  Agreement to participate in Management's Defer	Agreement to participate in Management's Deferred Compensation Savings Program.
May 2002 Angela Craig and Smith & Nephew Agreement to Participate in Company Retirement Plan	ipate in Company Retirement Plan

## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

доченныем а	any illicitiation considered confidential as a result of	government and any amountation considered confidence of a privileged enduction procedure by tax. Do not repeat information issued on sometime of
	Source (Name and City/State)	Brief Description of Duties
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	N/A	
•	N/A	
	N/A	

<sup>\*7 -</sup> See Note 7 on Page 10

Name: Angela D. Craig Page 10 of 10